Health and Family Planning Overview

MALI



Population: 11.2 million (DHS 2001)

Infant Mortality Rate: 113 (DHS 2001)

DPT3 Coverage: 37.5%, children 12–23 mos. (DHS 1996)

Nutrition: 30.1% stunting, children 0–35 mos. (DHS 1996)

Total Fertility Rate: 6.8 (DHS 2001)

Maternal Mortality Ratio: 582 (DHS 2001)

Contraceptive Prevalence Rate: 5.7%, all women, modern methods (DHS 2001)

Adult HIV Prevalence: 1.7% (DHS 2001), 1.7% (UNAIDS 2001)

Current Living AIDS Orphans: 70,000 (UNAIDS 2001)

Demographic and Health Surveys: 1987, 1996, 2001

Multi-Indicator Cluster Surveys: None

Country Profile

Mali is one of West Africa's poorest countries. The country suffers from low literacy, low per capita income, weak public administration, and limited infrastructure. Health indicators for the population are poor. The country has one of the world's lowest life expectancies and highest under-five mortality rates. The health care infrastructure is weak, with limited capacity to develop and implement comprehensive high-quality programs. Despite these limitations, the government is attempting to develop the country's social, economic, and political systems. Its approach includes decentralizing government and public administration functions.

HIV/AIDS in Mali. The government has initiated a multisectoral, multilevel response to HIV/AIDS, but limited human resource capabilities and the weak health care infrastructure impede prevention efforts. Adult HIV/AIDS prevalence is 1.7 percent. Approximately 100,000 Malians were infected at the end of 2000. Young adults are particularly vulnerable to infection, with 1.9 percent of men and women ages 15 to 24 estimated to be HIV-positive at the end of 2000. Highrisk "bridging" groups show alarmingly high rates of infection, with 28.9 percent prevalence among commercial sex workers. These groups and young adults are the most important populations to address with prevention interventions.

USAID Strategy

USAID/Mali works within the objectives set forth in the Mission's 1996–2002 Country Strategic Plan. The plan is grounded in the Mission goals of economic, political, and social development and reduced need for foreign assistance. Increased access to health care and education, an improved economic situation, stronger communities, a strengthened civil society, and improved access to and use of development information are the specific goals. Mission activities, including HIV/AIDS programs, address all age groups, with particular attention to the needs of youth. While the Mission prepares a new plan for 2003–2012, activities in family planning promotion, contraceptive security, HIV/AIDS prevention, and reproductive and child health training under the 1996–2002 plan are being extended through 2003.

Strategic Objective: Improved social and economic behavior among youth

Intermediate Results:

- Improved child survival services
- Improved basic education
- Improved reproductive health services



Major Program Areas

HIV/AIDS. In 2001, USAID/Mali completed its first year of HIV/AIDS prevention programming. Programs both in and out of school promote positive reproductive health behaviors, including peer counseling, family life education, and programs for prevention and treatment of HIV/AIDS and other sexually transmitted infections (STIs). Activities with the U.S. Centers for Disease Control and Prevention (CDC) to strengthen STI treatment services nationwide include developing and applying new protocols, procedures, and laboratory tools for diagnosis and treatment. Under an agreement with Population Services International, West Africa's first social marketing voluntary counseling and testing (VCT) center was opened in Bamako, and collaboration with the regional cross-border HIV/AIDS prevention effort is being pursued. Other activities include behavior change communication initiatives, a diagnostic laboratory for STIs, implementation of a national media campaign, and development of an AIDS advocacy program.

Health and Family Planning. Reproductive health programs for young adults, a primary focus of Mission activity, are growing rapidly. Activities include peer education programs that promote reproductive health services, youth-friendly health and family planning services, and advocacy training. Major elements of these activities include a knowledge-attitudes-practice study of young adults' reproductive health, a baseline study of their contraceptive use, and, with the Population Council, a major assessment of family planning trends and what has and has not worked and why. USAID/Mali provides the bulk of contraceptive commodities and continues to address problems in logistics management through both the public and private sectors. USAID continues to support reintegration of family planning into the community-based distribution system. Mission-supported activities include social marketing, a private-sector distributor subcontract, direct supply of products to the Ministry of Health's public sector distributor, and contraceptive security. In maternal and child health, the Mission and its partners are assisting basic health centers and community-based outreach services that promote and support breastfeeding, appropriate weaning methods, sick child care, use of oral rehydration salts, and increased intake of vitamin A, iron, and folate by pregnant women. Capacity strengthening and community health management skills are also being addressed.

Results

- In 2001, Mali became the first DHS country to include HIV prevalence testing in its survey.
- The country opened its first HIV/AIDS VCT site in Bamako.
- More than 2,500 peer educators received training, and 760 peer educators reached 100,000 young people with reproductive health information.
- The percentage of health service providers correctly applying norms and procedures increased by 22 percent (from 27 to 33 percent).
- The government has established a long-term contraceptive security planning committee, and a plan has been prepared.
- Gross primary school enrollment rose to 44.4 percent for girls and 53.9 percent for boys and girls combined.

Major Implementing Partners

USAID/Mali's partners in implementing population, health, and nutrition activities include John Snow, Inc. (subcontractors the Futures Group International, the Center for African Family Studies, and the Center for Educational Development and World Education), CDC, the BASICS project, Africare, the DELIVER project, CARE, the Center for Development and Population Activities, Population Services International, the Cooperative League of the United States, Save the Children, the PRIME project, Macro International, and the POLICY project.